Revision: HCFA-PM-91-8 (MB)

October 1991

ATTACHMENT 4.22-C Page 1

OMB No.:

| STATE | DT.AN | UNDER | TITLE | XIX | OF | THE | SOCIAL. | SECURITY | ACT |
|-------|-------|-------|-------|-------------------|------|------|---------|----------|-----|
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| State/Territory: | West Virginia | | | | | |
|------------------|--|--|--|--|--|--|
| Citation | Condition or Requirement | | | | | |
| 1906 of the Act | State Method on Cost Effectiveness of Employer-Based Group Health Plans | | | | | |

State Medicaid Manual, Part 3, Section 3910, Medicaid Payments for Recipients Under Group Health Plans.

Approval Date 2-14-94 Effective Date OCT 0 1 1003 TN No. 93-12 Supersedes

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TN No. NEW

HCFA ID: 7985E